

Case Number:	CM14-0026875		
Date Assigned:	06/16/2014	Date of Injury:	07/09/2011
Decision Date:	08/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	03/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40-year-old male who was reportedly injured on July 9, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 16, 2014 indicates that there are ongoing complaints of back pain radiating to the right lower extremity. The physical examination demonstrated tenderness of the lumbar spine paravertebral muscles with muscle spasms. There was decreased lumbar spine range of motion with pain. There was a positive right-sided straight leg raise at 30. A neurological examination revealed decreased sensation at the right L5 and S1 dermatomes. Physical therapy for the lumbar spine was recommended. Diagnostic imaging studies of the brain reported a small focus of encephalomalacia of the left temporal cortex possibly due to old trauma. An Electroencephalography of the brain noted changes possibly due to drowsiness. A request had been made for 18 visits of physical therapy for the back, Botox injections for neck pain/headaches and a referral to a neurologist. There were not certified in the pre-authorization process on February 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 18 TREATMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 98, 99 OF 127.

Decision rationale: According to the medical record, the injured employee was previously recommended to participate in aquatic therapy but was unable to do so due to foot therapy. The same is true for participation in land-based physical therapy, as it is unclear what the injured employee would be able to do on land as well. Without specific justification and reasoning, this request for 18 visits of physical therapy is not medically necessary.

BOTOX INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Botulism Toxin for Chronic Migraines, Updated June 9, 2014.

Decision rationale: According to the Official Disability Guidelines, the use of botulism toxin is only indicated for headaches classified as migraine headaches and not chronic daily headaches or tension headaches. For this reason, this request for Botox injections is not medically necessary.

REFERRAL TO NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

Decision rationale: According to the medical record, the injured employee has already seen a neurologist. This consultation does not indicate follow-up with this particular neurologist but rather another in general. As the injured employee has previously seen the neurologist, who is familiar with him, then follow-up should be obtained with this particular neurologist. This request is not medically necessary.